

SAFEGUARDS

Electronic records are maintained in a secure password-protected computer system and are accessible only by authorized personnel. Paper records are maintained in lockable metal file cabinets, or vault, accessible only by authorized personnel. Separations files are kept at the National Records Center in St Louis Missouri.

RETENTION AND DISPOSAL

The retention of data in the system will be in accordance with the EPA Records Schedule, as approved by the National Archives and Records Administration.

SYSTEM MANAGER(S) AND ADDRESS

Acting Director, Office of Human Resources, Environmental Protection Agency, 1200 Pennsylvania Avenue, NW., Washington, DC 20460.

NOTIFICATION PROCEDURE

Individuals wishing to determine if they are named in this system or seeking access to records maintained in this system must submit their requests in writing to the Office of Human Resources, 1200 Pennsylvania Avenue, NW., Washington DC 20460. Individuals requesting records must provide their name, address and a notarized statement attesting to their identity.

RECORD ACCESS PROCEDURES

See "Notification procedure" above. Individuals requesting access will also be required to provide adequate identification, such as a driver's license, employee identification badge, or other identifying document.

CONTESTING RECORD PROCEDURES

See "Notification procedure" above. Individuals wishing to contest or amend information maintained in this system should specify the information being contested, the reason for contesting it, and the proposed amendment to such information.

RECORD SOURCE CATEGORIES

Information in this system of records is provided by

- A. EPA People Plus records. (Earning & Leave Records).
- B. The employee about whom the record is maintained.

EXEMPTIONS CLAIMED FOR THE SYSTEM

None.

[FR Doc. E6-2900 Filed 2-28-06; 8:45 am]

BILLING CODE 6560-50-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8038-4]

Proposed CERCLA Administrative Agreement for Recovery of Past Response Costs; San Joaquin Drum Superfund Removal Site

AGENCY: Environmental Protection Agency.

ACTION: Notice; request for public comment.

SUMMARY: In accordance with Section 122(i) of the Comprehensive Environmental Response, Compensation, and Liability Act, as amended by the Superfund Amendments and Reauthorization Act ("CERCLA"), 42 U.S.C. 9622(i), notice is hereby given of a proposed Administrative Order on Consent ("AOC," Region 9 Docket No. 9-2006-0003) pursuant to Section 122(h) of CERCLA concerning the San Joaquin Drum Removal Site (the "Site"), located in Bakersfield, California. The respondent to the AOC is Chevron USA, which arranged for the disposal of hazardous substances at the Site for which EPA incurred response costs.

Through the proposed AOC, Chevron USA will reimburse the United States its incurred response costs of \$113,493. The AOC provides Chevron USA with a covenant not to sue and contribution protection for the costs and the removal action at the Site.

For thirty (30) days following the date of publication of this Notice, the Agency will receive written comments relating to the proposed AOC. The Agency's response to any comments will be available for public inspection at EPA's Region IX offices, located at 75 Hawthorne Street, San Francisco, California 94105.

DATES: Comments must be submitted on or before March 31, 2006.

ADDRESSES: The proposed Agreement may be obtained from Judith Winchell, Docket Clerk, telephone (415) 972-3124. Comments regarding the proposed Agreement should be addressed to Judith Winchell (SFD-7) at EPA Region IX, 75 Hawthorne Street, San Francisco, California 94105, and should reference the San Joaquin Drum Removal Site, Bakersfield, California, and USEPA Docket No. 9-2006-0003.

FOR FURTHER INFORMATION CONTACT: J. Andrew Helmlinger, Office of Regional Counsel, telephone (415) 972-3904, U.S. EPA Region IX, 75 Hawthorne Street, San Francisco, California 94105.

Dated: February 10, 2006.

Daniel A. Meer,

Acting Director, Superfund Division.

[FR Doc. E6-2903 Filed 2-28-06; 8:45 am]

BILLING CODE 6560-50-P

EXPORT-IMPORT BANK

[Public Notice 80]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Export Import Bank

ACTION: Notice and request for comments.

SUMMARY: The Export-Import Bank, as a part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on the proposed information collection, as required by the Paperwork Reduction Act of 1995. Our customers will be able to submit this form on paper or electronically. The form has been updated in order to standardize the outline of this application to those used for medium-term insurance and guarantees and financial institution short-term single sale insurance. The application also more explicitly states the financial information that is required to be submitted with the application. This form mirrors the on-line version of the application that Ex-Im Bank is developing.

DATES: Written comments should be received on or before May 1, 2006, to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Angela Beckham, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (202) 565-3418.

SUPPLEMENTARY INFORMATION: *Title and Form Number:* Application for Exporter Short-term Single-Buyer Insurance, EIB 92-64.

OMB Number: Presently part of OMB #3048-0009 collection. Going forward we would like this form to have its own OMB number.

Type of Review: Regular.

Need and Use: The information requested enables the applicant to provide Ex-Im Bank with the information necessary to obtain legislatively required assurance of repayment and fulfills other statutory requirements.

Affected Public: The form affects entities involved in the export of U.S. goods and services.

Estimated Annual Respondents: 160.

Estimated Time Per Respondent: 1
hour.

Estimated Annual Burden: 160 hours.

Frequency of Reporting or Use: As
needed each time an exporter seeks to
obtain Ex-Im Bank short-term insurance
for a single-buyer export sale.

Dated: February 23, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M



Export-Import Bank of the United States

OMB #
Expire**APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE**

This application is to be completed by an exporter (or a broker acting on its behalf) in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on Ex-Im Bank's web site. Ex-Im Bank encourages customers to apply on line, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for Ex-Im Bank insurance can be found on Ex-Im's web site <http://www.exim.gov>.

Send this completed application to Ex-Im Bank, 811 Vermont Ave., NW, Washington, D.C. 20571. Ex-Im Bank will also accept e-mailed pdf and faxed applications. Ex-Im Bank will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax number 202.565.3380, e-mail exim.applications@exim.gov)

APPLICATION FORM**Applicant/Exporter**

The applicant/exporter is the U.S. entity that contracts with the buyer for the sale of the U.S. goods and services.

Applicant legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Zip Code:	Fax:

Broker (if applicable):

Name of Broker: _____

Ex-Im Bank Broker#: _____

Contact Person: _____

Fax: _____

E-mail: _____

1. GENERAL QUESTIONS**A. Type of Coverage Requested**

- Comprehensive risk
- Political risk

B. Qualification for Coverage

Will the applicant have title to the products at the time they are shipped?

Yes No

Will the applicant directly invoice the buyer?

Yes No

If you answered no to either, you may not be eligible for coverage. Call Ex-Im Bank or your broker for assistance.

OMB #
Expire

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

C. Primary Reason for applying for this policy

- Risk mitigation
- Financing
- To offer more competitive terms

D. Is this a resubmission of a previously withdrawn, returned or denied application, or a follow-on policy for the same buyer?

- Yes
- No

If yes, indicate previous transaction number: _____

E. Primary point of contact for this application

- Exporter
- Broker

2. SPECIAL COVERAGES

Check the boxes for the special coverage that apply to this transaction. Complete and attach the requested forms, where applicable.

<input type="checkbox"/> Pre-shipment Cover Attachment II – Pre-shipment questionnaire required	<input type="checkbox"/> Shipment to address in US	<input type="checkbox"/> Additional Named Insured Attachment IV - ANI required
<input type="checkbox"/> Bulk agriculture	<input type="checkbox"/> Enhanced assignment Attachment III - EA questionnaire required	<input type="checkbox"/> Services
<input type="checkbox"/> Warehouse Attachment V – Warehouse information required	<input type="checkbox"/> Foreign currency coverage indicate currency: _____ - currency of supply contract <input type="checkbox"/> US dollar <input type="checkbox"/> foreign currency	<input type="checkbox"/> Other

3. PARTICIPANTS

Provide information on the additional participants to the transaction.

Supplier

The supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check if the exporter is the supplier and there are no additional suppliers. Enter any additional suppliers, or check various:

Supplier legal name: _____	State: _____
Contact person: _____	Country: _____
Position title: _____	E-mail: _____
Street Address: _____	Phone: _____
City: _____	Postal Code: _____
	Fax: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Buyer

The buyer is the entity that contracts with the exporter for the purchase of U.S. goods and services.

Buyer legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

Guarantor

The guarantor is the person or entity that agrees to repay the credit if the buyer does not. Refer to the Short-Term Credit Standards to determine in what circumstances personal or corporate guarantors are required.

Is a guarantor involved in this transaction? Yes No
 If yes, is the guarantor an individual or a company?

Guarantor legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

End-user

The end-user is the foreign entity that uses the U.S. goods and services:

Check if the end-user is also the buyer.

End-user legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

Agent

An agent is a business entity or individual located in the country of the borrower or buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from Ex-Im Bank, and which will receive compensation in some form for their services.

Is an agent involved in this transaction? Yes No

If yes, add the agent information below:

Agent legal name:	State:	
Contact person:	Country:	
Position title:	E-mail:	
Street Address:	Phone:	
City:	Postal Code:	Fax:

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCEOMB #
Expire**Related Parties**

Describe any direct or indirect ownership or family relationship that exists between any of the participants. If none, so indicate: None.

Primary Source of Repayment

The PSOR is the entity whose financial statements or credit information form the basis of Ex-Im Bank's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements Ex-Im Bank uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

- the buyer,
 the corporate guarantor, or
 business combination, (e.g. the consolidated or combined financial statements of the buyer and one or more corporate guarantors.).
 Indicate which entities comprise the combination _____

Is the PSOR a financial institution? Yes No

Select the risk category of the PSOR: Private sector Public sector

Does the PSOR have a bond rating? Yes No

If yes, indicate the name of the rating agency, rating, and the date of the rating.

4. TRANSACTION DESCRIPTION AND ELIGIBILITY

Indicate whether the sale represents a:

- Firm order
 sale in negotiations
 response to an invitation to bid

Provide a description of the products or service, including their NAICs code, if known:

Regarding the above products or services...

Is each product produced or manufactured in the United States? Yes No

Has at least one-half of the value, exclusive of mark-up, been added by labor or material exclusively of United States origin?
 Yes No

Are these products on the munitions control list? Yes No

Are the products new or used? New Used

Are the products capital goods that will be used to produce exportable products? Yes No

Will any value be added to the product after export from the U.S.? Yes No

If yes, provide an explanation: _____

Has this transaction been considered by any other export credit insurer? Yes No

If yes, provide details: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #
Expire

5. FINANCED AMOUNTS AND STRUCTURE

Enter the %s for each payment term the exporter will extend to the buyer

(e) Payment terms requested	(number of days)							
	Sight	Up to 30	Up to 60	Up to 90	Up to 120	Up to 180	Up to 270	Up to 360
Cash Against Documents (CAD)	<input type="checkbox"/>							
Sight Draft Documents Against Payment (SDDP)	<input type="checkbox"/>							
Unconfirmed Irrevocable Letter of Credit (UILC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Account		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Draft Documents Against Acceptance (SDDA)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promissory Note		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of shipments: single multiple under one sales contract

Expected date(s) of shipment: _____

Estimated shipment volume to be insured: _____

If multiple shipments, the expected highest amount outstanding during the shipment period: _____

Other security available: _____

6. CREDIT INFORMATION ON THE PSOR

The information requested in Attachment I: Credit Information is attached.

7. NOTICES AND CERTIFICATIONS

Certifications

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements in connection with the Goods and Services with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. All capitalized terms not defined herein shall have the meanings set forth in the Ex-Im Bank Suspension and Debarment Regulations at 12 C.F.R. Part 413 (Regulations).

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 78dd-1, et seq. (which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001, et seq.).

Notices

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require

the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

Public Burden Statement: Reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send comments regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

Applicant (Exporter) name: _____

Name and title of authorized officer: _____

Signature of Authorized officer: _____

Date: _____

Attachment I: Credit Information Requirements

Directions: The required credit information depends on whether the PSOR is the buyer or corporate guarantor, or a financial institution guarantor and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

1. The PSOR is not a financial institution:

a) Provide details of the exporter's experience with the buyer

Does the exporter have any experience selling to the buyer? Yes No

If yes, provide the following information:

Date of first sale to the buyer: _____

Date of first credit sale to the buyer: _____

Historic credit experience with the buyer:

Yearly Credit Experience	Current year	Prior year 1	Prior year 2
Total amount sold			
Total amount on credit			
Highest amount outstanding for which exporter has been paid			
Payment terms/tenor			

Amount now owing: _____

Payment history: prompt 1 – 30 days slow 31 – 60 days slow more than 60 days slow

Is there an amount past due? yes no

If yes, enter amount due and due dates. _____

Provide reasons for past dues: _____

If past dues were due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? yes no

b) Provide the applicable supporting financial information on the PSOR. Check the box that applies to your transaction and provide the information noted below the box

The transaction is for an amount up to \$50,000:

- credit agency report *or* trade reference or applicant's ledger experience

The transaction is between \$50, 001 and \$100, 000:

- credit agency report *and* trade reference or applicant's ledger experience

The transaction is between \$100,001 and \$300, 000:

- credit agency report,
- two trade references or one trade reference and applicant's ledger experience, or
- two most recent years signed fiscal year-end statements

The transaction is between \$300, 001 and \$ 1,000,000:

- credit agency report
- two trade references
- audited or signed, unaudited financial statements for the last two fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #
Expire The transaction is between \$1,000,001 - \$10,000,000

- credit agency report
- two trade references
- bank reference
- audited or signed unaudited financial statements for the last three fiscal years that adequately disclose financial condition and afford a reasonable basis for reliance on the information provided.

2. The PSOR is the financial institution guarantor.

a. Provide details of the exporter's experience with the financial institution guarantor. Include dates and amounts of previous transactions with the PSOR or indicate None

b. Provide supporting financial information.

Check the box that applies to your transaction and provide the information noted below the box

 The transaction is for an amount up to \$1 million:

- One favorable reference from creditor bank.
- One short-term debt rating of the PSOR from S & P, Moody's or Fitch IBCA. Ratings must be B, P-3 or F3 or better, respectively.

OR

- Most recently published fiscal year end or interim statements or statement spreads from Fitch IBCA, or Bankscope.

 The transaction is for between \$1,000,001 and \$10,000,000

- One favorable reference from a creditor bank
- If the PSOR does not have an acceptable current market rating, provide most recently published audited financial statements that adequately disclose financial condition and were prepared in accordance with to accounting principles that afford a reasonable basis for reliance on the information provided.

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #
Expire

Attachment II
Pre-shipment Questionnaire

Details of Coverage Requested

- a) Provide the reason pre-shipment coverage is requested _____
- b) Indicate the date the contract was executed or the anticipated date of signing
- c) Indicate the estimated period between the contract date and the final shipment date
- d) Provide a schedule of any progress payments made or to be made by the buyer or during the pre-shipment period, or indicate none:

Attachment III. Enhanced Assignment Questionnaire

If requesting Enhanced Assignment, attach

- A bank reference on the exporter/applicant dated within six months of the application
- Two trade references dated within six months of the application
- Financial statements on the exporter/applicant as follows, for a policy limit of liability of:
 - \$500,000 or less signed by an authorized officer for the applicant/exporter
 - \$500,001 - \$999,999 reviewed by a CPA with notes attached
 - \$1,000,000 or more audited by a CPA with opinion and notes attached

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

Attachment IV Additional Named Insured Questionnaire

Indicate the name of the additional named insured as follows:

Legal Name: _____

Address: _____

City: _____

State: _____

Country: _____

Zip/ Postal Code: _____

Relationship to Applicant: _____

Role in the transaction: _____

E-mail: _____

Contact person: _____

APPLICATION FOR EXPORTER SHORT-TERM, SINGLE-BUYER INSURANCE

OMB #
Expire

Attachment V – Warehouse Information

If you requested the Special Coverage – Warehouse, answer the following questions about the warehouse

Warehouse Type: Owned or controlled by exporter

Bonded warehouse

Neither

Warehouse Location: City _____

State/Province _____

Country _____